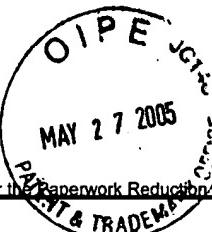


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TRANSMITTAL FORM

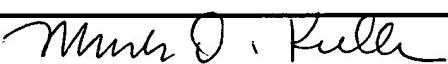
(to be used for all correspondence after initial filing)

	Application Number	10/735462	
	Filing Date	December 12, 2003	
	First Named Inventor	James M. Howell Et. Al.	
	Art Unit	1732	
	Examiner Name	Leo B. Tentoni	
Total Number of Pages in This Submission		Attorney Docket Number	CH2756USDIV2

ENCLOSURES (Check all that apply)

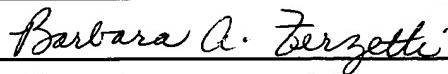
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/>
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	E. I. DU PONT DE NEMOURS AND COMPANY		
Signature			
Printed name	Mark D Kuller		
Date	May 24, 2005	Reg. No.	31,925

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Typed or printed name	BARBARA A. FERZETTI
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4850).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
180.00

Complete if Known

Application Number	10/735462
Filing Date	December 12, 2003
First Named Inventor	James M. Howell Et. Al.
Examiner Name	Leo B. Tentoni
Art Unit	1732
Attorney Docket No.	CH2756USDIV2

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: **04-1928** Deposit Account Name: **E. I. du Pont de Nemours and Company**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	<input type="checkbox"/> 300	150	<input type="checkbox"/> 500	250	<input type="checkbox"/> 200	100	0.00
Design	<input type="checkbox"/> 200	100	<input type="checkbox"/> 100	50	<input type="checkbox"/> 130	65	0.00
Plant	<input type="checkbox"/> 200	100	<input type="checkbox"/> 300	150	<input type="checkbox"/> 160	80	0.00
Reissue	<input type="checkbox"/> 300	150	<input type="checkbox"/> 500	250	<input type="checkbox"/> 600	300	0.00
Provisional	<input type="checkbox"/> 200	100	<input type="checkbox"/> 0	0	<input type="checkbox"/> 0	0	0.00

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
- 20 or HP =	x 50.00	=		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20

YES 360.00

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =	x 200.00	=			

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x 250.00 =

Fee Paid (\$)

Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

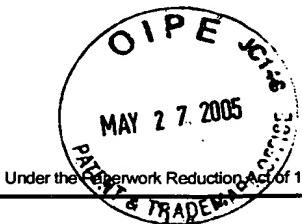
Other: Information Disclosure Statement

180.00

SUBMITTED BY

Signature	<i>Mark D. Kuller</i>	Registration No. (Attorney/Agent) 31,925	Telephone (302) 892-1354
Name (Print/Type)	Mark D Kuller	Date May 25	, 2005

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PTO/SB/92 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
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Application No: 10/735,462
Attorney Docket: CH2756 US DIV2

- Amendment
- 3rd IDS (includes coversheet, PTO/SB/08A & B forms, and 6 references)
- Fee Transmittal (for 3rd IDS)
- Petition for Extension of Time (in duplicate)
- Transmittal Form
- Receipt Card